

Cause No. _____
JUSTICE OF THE PEACE, PRECINCT THREE
TRAVIS COUNTY, TEXAS

STATEMENT OF OFFENSE BY COMPLAINING PARTY

FULL NAME of person filing complaint: _____

Date of Birth: _____ Driver License No: _____

Home Address: _____ Work Address: _____

City and Zip: _____ City and Zip: _____

Telephone: _____ Telephone: _____

Email Address: _____

.

FULL NAME of person on whom complaint is being filed: _____

Date of Birth: _____ /Age: _____ Race: _____ Sex: _____ Height: _____ Weight: _____

Auto Description/LICENSE PLATE NO.: _____

Home Address: _____ Work Address: _____

City and Zip: _____ City and Zip: _____

Telephone: _____ Telephone: _____

Cell or Pager number: _____

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Date of Offense: _____ Time of Offense: _____

Where the offense occurred: _____

Witnesses (Name, address and telephone): _____

Were the Police called: _____ If yes, case number: _____

Brief Summary of **what occurred**: _____

Have you ever filed for a Peace Bond against the defendant? _____

If yes, please provide the case number(s) (if known): _____

I, _____, herenow agree to appear in Court as a witness for the prosecution on the date and hour scheduled, when and if this case is set for a hearing. In the event I decide at a later date to request the Court to dismiss the case, I shall personally appear at the office of the proper Court and a make a written request for such dismissal.

Signature

PEACE BOND SUPPLEMENTAL INFORMATION SHEET

1. How long have you known the defendant? _____
2. What is your relationship with defendant? _____
3. Have you and the defendant ever lived at the same address? ____ How long? ____
If answer is yes, but one of you is no longer there, when did one of you move to a
different address? _____
4. What occurred prior to the incident that caused the defendant's action?

5. Have you contacted police or sheriff about this incident? _____ No. of times _____
6. Have you ever filed criminal charges on this person? _____
7. If so, did you ever later ask that the charges be dismissed? _____
8. Has anyone encouraged you to file these charges? _____
9. If so, why? _____
10. Were either you or defendant either intoxicated or on any substance on this occasion?

If so, who? _____
11. Have you ever sought medical treatment due to physical injuries caused by
the defendant? _____. If so, when? _____
What type of treatment? _____

I have read and understand the above questions and I hereby swear that the
answers given thereto are the truth to the best of my knowledge.

Complainant's Signature

Date: _____

Cause No. _____

The State of Texas

County of Travis

I, _____ do solemnly swear that I have
personal knowledge that _____ is about to
Commit an offense against my person, to wit:

against the peace and dignity of the State.

Complainant's Signature

Sworn to and subscribed before me by _____

on this, the _____ day of _____, 20_____, A.D.

Court Clerk, Precinct Three,
Travis County, Texas

Justice of the Peace, Precinct Three
Travis County, Texas